



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☒ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number Kop-Coat Inc. (60061-128)	2. EPA Product Manager Adam Heyward	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restrict
4. Company/Product (Name) Woodlife 111 4:1 concentrate	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Kop-Coat Inc. 436 Seventh Avenue Pittsburgh, PA 15219-1818 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

The Confidential statement of formula has been revised to replace the [REDACTED]. This change no way affects the performance of the formula and the active levels remains the same. This submission complies with the data compensation procedures under FIFRA section 3(c) (1) (F). The data enclosed has been formatted in accordance with the requirements provided in 40 CFR part 158.32-34. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or confidential statement of formula of this product. I further understand that if this notification is not consistent with the terms for PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
				<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5 Gallon, 55 Gallon drums, totes, bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Kim Treloar		Title Regulatory Manager		Telephone No. (Include Area Code) (412) 826-3323	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Manager			
4. Typed Name Kim Treloar		5. Date 02/21/12			